

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,280.00 for dates of service 05/22/01, 06/14/01, and 06/26/01?
b. The request was received on 02/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 03/21/01
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/09/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/12/02. There was not a 14 day response from the insurance carrier. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "The carrier has reimbursed for anesthesia time only. They have not paid for the full value of the CPT code and we have not given permission for a change in the code. Per TWCC Rule 133.301 (b) Neither the Insurance carrier nor the carrier's agent shall change a billing code on a medical billing code on a medical bill or reimburse treatment(s) and/or service(s) at another billing code's value unless the insurance carrier contacts the sender of the bill and the sender agrees to the change."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 05/22/01, 06/14/01 and 06/26/01.
2. The denial listed on the submitted EOBs state: N-“ANESTHESIA PROVIDED FOR A SURFACE PROCEDURE WILL BE REIMBURSED FOR UNITS BASED ON TIME, PHYSICAL STATUS AND QUALIFYING CIRCUMSTANCES.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/22/01 06/14/01 06/26/01	00600 00600 00600	\$1,040.00 \$960.00 \$960.00	\$120.00 \$0.00 \$80.00	N N N	\$40.00/hr	MFG; AGR (I) (B) (4); (VI) (A) (1-3); Descriptor	Based on the Anesthesia Record, general anesthesia was administered by the anesthesiologist for forty minutes on the date of service 05/22/01, thirty minutes for the date of service 06/14/01, and thirty minutes for the date of service 06/26/01. The provider billed in accordance with the MFG. Therefore, reimbursement is recommended in the amount of \$1,280.00 . For the date of service 05/22/01 (\$40.00 x 10(RVU) = \$400.00), for the date of service 06/14/01 (\$40.00 x 10(RVU) = \$400.00 plus \$80.00 for 2 units of actual time of anesthesia = \$480.00 , for the date of service 06/26/01 (\$40.00 x 10(RVU) = \$400.00 .
Totals		\$2,960.00	\$200.00				The Requestor is entitled to reimbursement in the amount of \$1,280.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,280.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 30th day of May 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division
MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.